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**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)

C00343384 091906 N 298
DANIEL P FERRIS
SECURA INSURANCE A MUTUAL COMP
ANY PAC (SECURA INS PAC)
2401 S MEMORIAL DRIVE
APPLETON WI 54915

☐ Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00343384

3. IS THIS
REPORT

☒ NEW
(N) OR

☐ AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD /

in the
State of

(d) 30-Day
POST-Election
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD /

in the
State of

5. Covering Period

MM / DD /

MM / DD /

2011

through

MM / DD /

MM / DD /

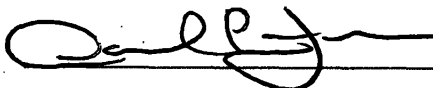
2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Daniel P. Ferris

Signature of Treasurer



Date

MM / DD /

MM / DD /

2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SECURA INSURANCE A MUTUAL COMPANY PAC (SECURA INS PAC)

Report Covering the Period:

From:

01 / 01 / 2011

To:

06 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		1,959.00
(b) Cash on Hand at Beginning of Reporting Period.....	1,959.00	
(c) Total Receipts (from Line 19)	4,005.75	4,005.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5,964.75	5,964.75
7. Total Disbursements (from Line 31).....	296.75	296.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5,668.00	5,668.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SECURA INSURANCE A MUTUAL COMPANY PAC (SECURA INS PAC)

Report Covering the Period:

From:

01 / 01 / 2011

To:

06 / 30 / 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

260.00

260.00

(ii) Unitemized

3,649.00

3,649.00

(iii) TOTAL (add
Lines 11(a)(i) and (ii)..... ▶

3,909.00

3,909.00

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)

**12. Transfers From Affiliated/Other
Party Committees.....**

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

96.75

96.75

**16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....**

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

4,005.75

4,005.75

20. Total Federal Receipts
(subtract Line 18(c) from Line 19)

4,005.75

4,005.75

11030631791

Page 4.

FE6AN026

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3,909.00	3,909.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,909.00	3,909.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96.75	96.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	96.75	96.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

11030631793

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SECURA INSURANCE A MUTUAL COMPANY PAC (SECURA INS PAC)

Full Name (Last, First, Middle Initial)

A. BYKOWSKI JOHN A.

Mailing Address

3924 COBBLE CREEK DRIVE

City

State

Zip Code

APPLETON, WI 54913-7960

FEC ID number of contributing
federal political committee.

C 00343384

Name of Employer SECURA
Insurance, A Mutual Company

Occupation PRESIDENT, CEO &
CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

260.00

\$ 20.00 bi-weekly

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 00343384

Name of Employer SECURA
Insurance, A Mutual Company

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\$ bi-weekly

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C 00343384

Name of Employer SECURA
Insurance, A Mutual Company

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\$ bi-weekly

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

260.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SECURA INSURANCE, A MUTUAL COMPANY PAC (SECURA INS PAC)

Full Name (Last, First, Middle Initial)

A. Ribble for Congress

Mailing Address

PO Box 7200

City

Appleton, WI 54912

State

Zip Code

Purpose of Disbursement

Political Contribution

011

Candidate Name

Reid Ribble

Category/
Type

Office Sought:

☒

House

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State: **WI**

District:

Date of Disbursement

02 / 15 / 2011

Amount of Each Disbursement this Period

200.00

B. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐

House

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.00

11030631795

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/11/11
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	7/18/11 DATE PREPARED
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